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SEE INSTRUCTIONS ON BACK

Date Received 4-17-73

ICAR (S) Application No 6035

T C No

Map Date

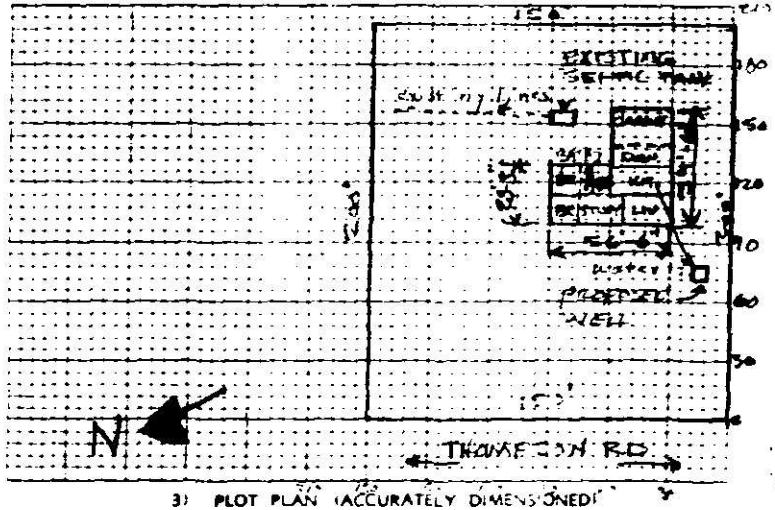
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ___ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4) No. of Bedrooms 3

5) Business Use — Max. No. Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Community System ___
C) Connection to ___
Well ___
2) Community System ___
Source System ___

10) Public Sewer ___ Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER BRAMHALL (LAST) ROBERT (FIRST) WILLIAM (MIDDLE)

14) ADDRESS OF OWNER 1218 ELOWE DR. - MATTHEWS, N. C. 28105

15) PHONE NO. Home 821-7559 Office 372-9900 EXT. 372

16) LOCATION OF SYSTEM THOMPSON ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION N/A Lot No ___ Block No ___

Map Book No ___ Page No ___

18) DEED REFERENCE — DEED BOOK 4 AT PAGE 457

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN MAY 1968

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

April 16, 1973
DATE OF APPLICATION

Robert William Bramhall
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3650

Date Issued 5-7-73

ICAR (S) Permit No. 6035

T. C. No. _____

Map Date _____

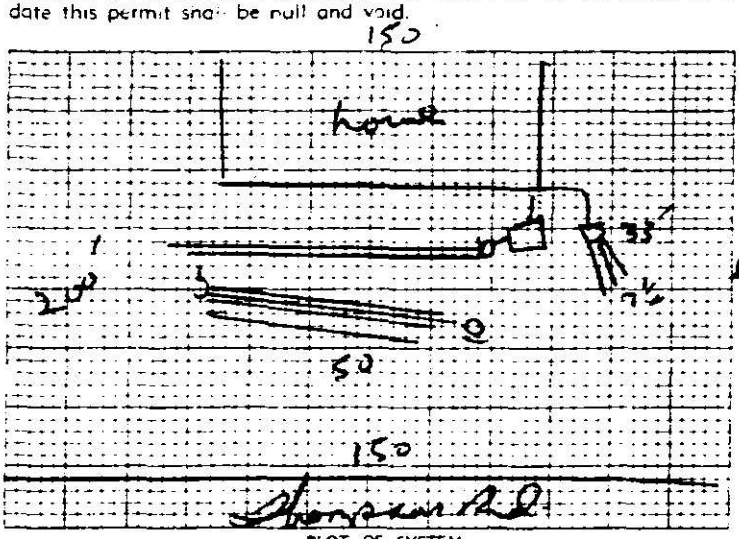
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 6035 dated 4-17-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before [redacted], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [redacted]

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Lenght 200'

Number of Lines 10'x50'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Robert William Bramlett

LOCATION OF PROPERTY Thompson Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments 10'x50'x17" slab
wooden 7½'x33'
Contr. - Lowe Const Co

Division or Section Head

Thomas R. Ward
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E 5-4-71

HEALTH DEPARTMENT'S COPY

Date Issued May 8, 1973

Serial No. 2898

LA No. 6035
P.O.
T. C. No 195-121-04

Map Date 4-7-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Bramhall (LAST) Robert (FIRST) William (MIDDLE)

ADDRESS OF OWNER 1218 Flowe Drive, Matthews, N.C. ZIP 28105

LOCATION OF LOT Thompson Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * ___, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 6035. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* Increasing present system to accomodate house.

Kenneth Ward
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY